

Name  
in  
Full

*James Agen*

*10/12/1906*

CERTIFICATE OF DEATH

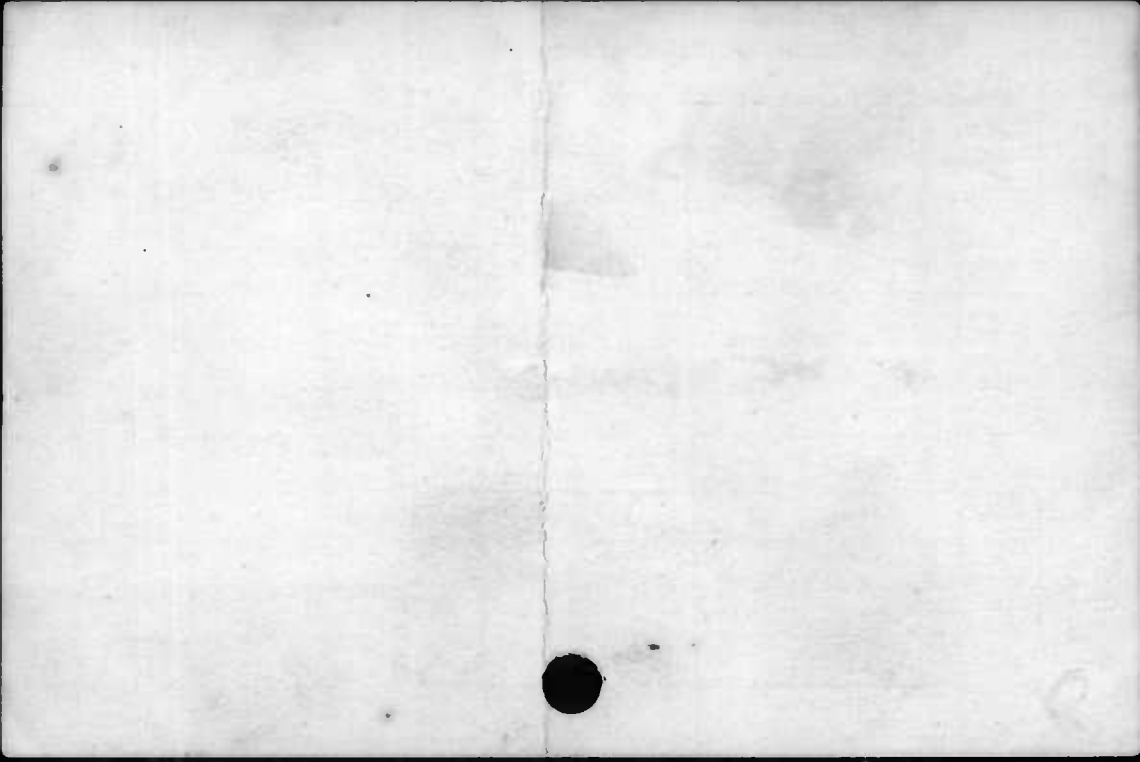
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harford</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i>	Month <i>10th</i>	Day <i>27th</i>	Years <i>49</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>New York</i>		
Occupation <i>Stone Mason</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Bruzen</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>Iowa</i>		
Name of person giving information <i>Fred Agen</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pistol shot By deputy Sheriff</i>	How long <i>Suddenly</i>
Immediate <i>While forcibly resisting arrest. (John Worthin)</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos. B. Hayward M.D.</i>
	Address <i>Pylesville</i>
	<i>Harford Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Charles Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Bradenbaugh <sup>County</sup> Harford

Date of death 1906 Oct. 6 Age 64 Months 1 Days 12

Sex Male Color or Race White Birthplace Maryland

Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_

Married, Single or Widowed Married Name of Wife or ~~Husband~~ Eliza Amos

Father's Name Charles Baker Father's Birthplace Maryland

Mother's Maiden Name Mary Durham Mother's Birthplace Maryland

Name of person giving information Eliza Baker (79) How related to deceased Wife

## CAUSES OF DEATH

Primary Initial Regurgitation of heart How long 6 months

Immediate Cardiac Asthenia How long 7 days

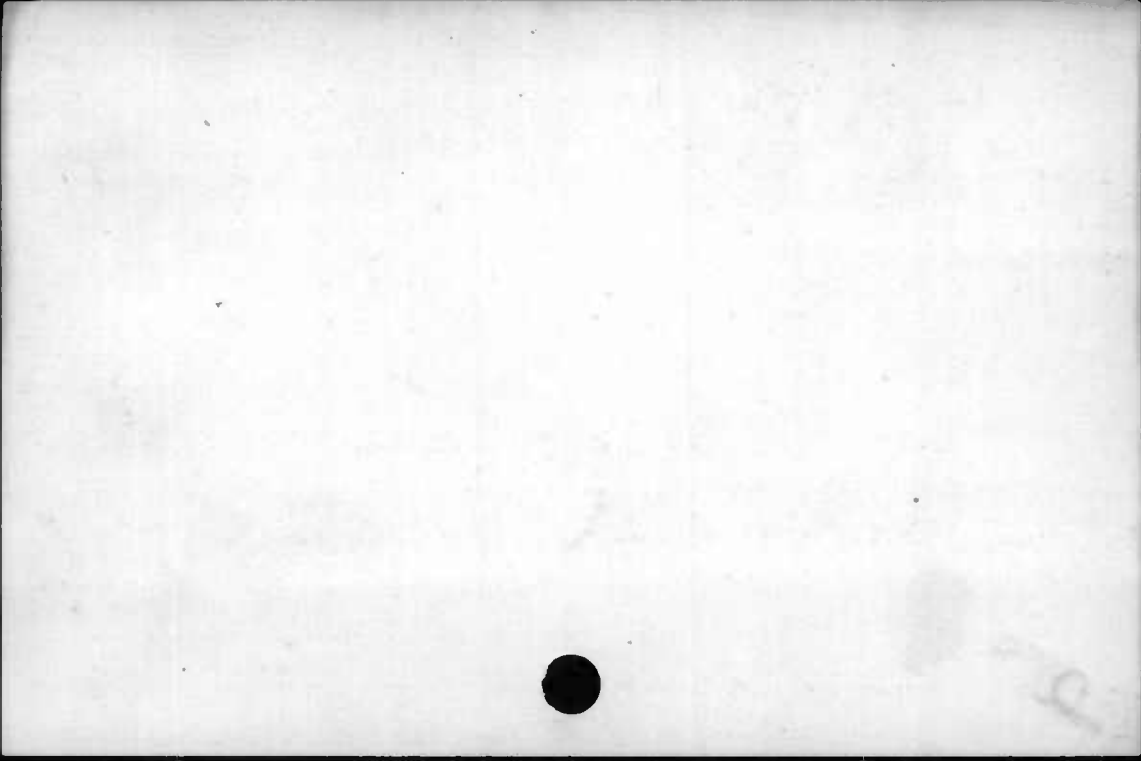
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. Willard Stirling M.D.

Address Shane Balto Co., Md.

Accident or Suicide? \_\_\_\_\_

PHYSICIAN  
OR CORONER



Name  
in  
Full

Victor Tomson Briant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Oakington</i> <sup>Town</sup>		<i>Hanford</i> <sup>County</sup>		MARYLAND	
Date of death <i>1906</i> <sup>Month</sup> <i>Oct</i> <sup>Day</sup> <i>26</i> <sup>Years</sup> <i>5</i>		Age <i>5</i>		Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Oakington</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Wm. C. Briant</i>	Father's Birthplace <i>Oakington</i>		Mother's Birthplace <i>North East</i>		
Mother's Maiden Name <i>Tilly Skene</i>	How related to deceased <i>Mother</i>		Name of person giving information <i>Tilly Briant</i>		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH	
Primary <i>Gastro Enteritis</i>	How long <i>one week</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Kennedy</i>
	Address <i>Abbeville</i>
Accident or Suicide?	<i>Yes</i>



Name  
in  
Full

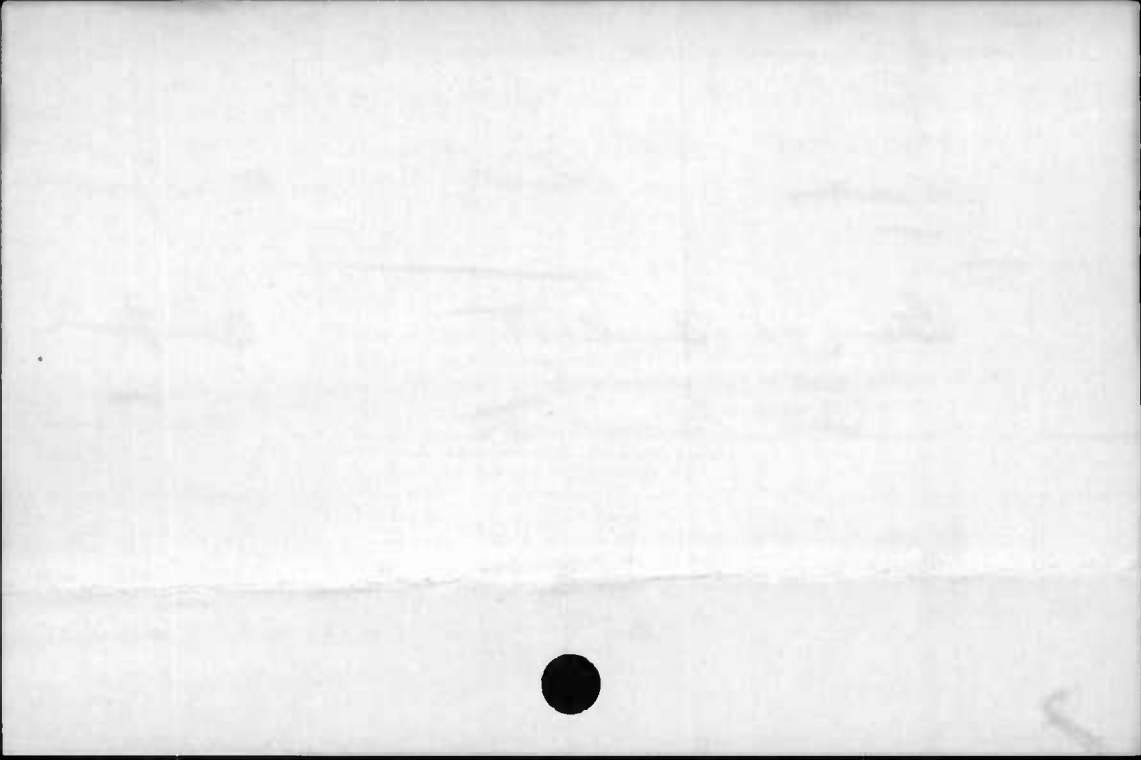
Cynthia M. Brown.

## CERTIFICATE OF DEATH

Died at <u>Amos</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1906	Month	10	Day	27
Age		42		Months	Days
Sex	Female		Color or Race	Black	
Occupation	Housewife		Birth-place	Maryland	
Where Residing If not at place of death					
Married, <del>yes</del> or Widowed	Name of Wife or Husband <u>Benjamin Brown</u>				
Father's Name	<u>John Johnson</u>			Father's Birthplace	<u>Maryland</u>
Mother's Maiden Name	<u>Caroline Johnson</u>			Mother's Birthplace	<u>Maryland</u>
Name of person giving information	<u>Caroline Johnson</u>			How related to deceased	<u>Mother</u>

## CAUSES OF DEATH

Primary	<u>Chronic Intest. Hepatitis</u>	How long	<u>Four years</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>	
Signature of Physician		<u>Samuel Sappington</u>	
Address		<u>Bel Air</u>	
<input checked="" type="checkbox"/> Accident or Suicide?			





Name

in Full

Fred. Thomas Bullett,

## CERTIFICATE OF DEATH

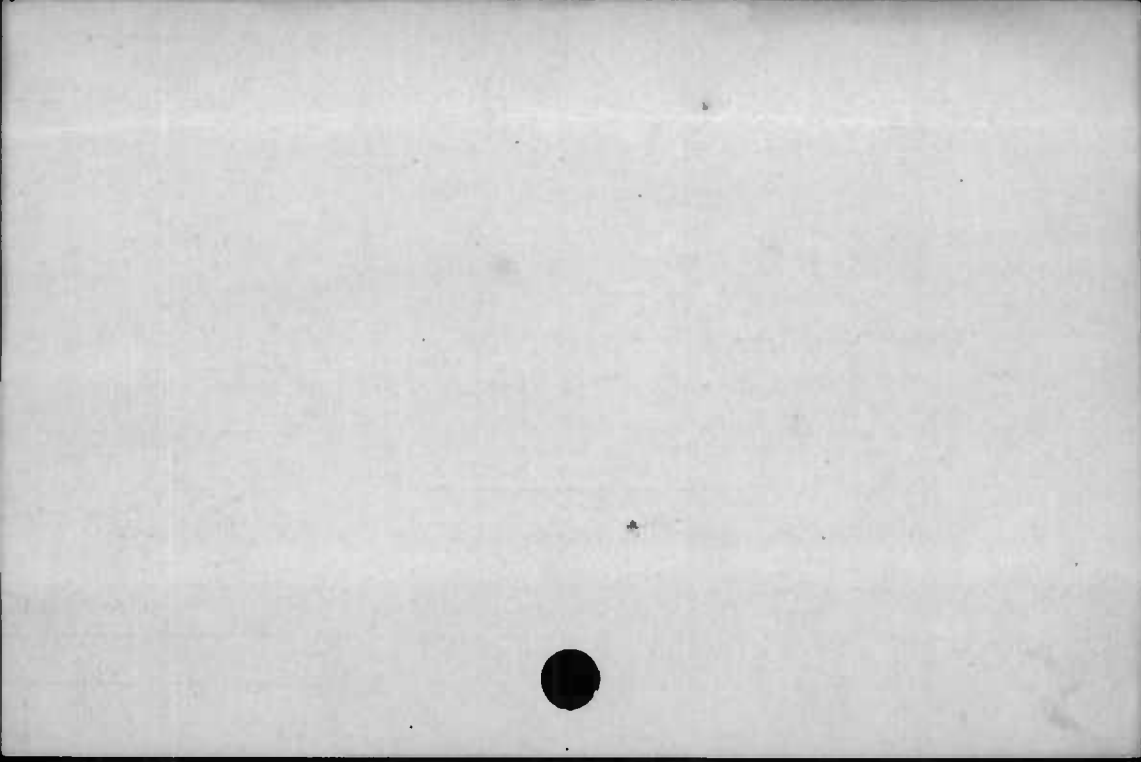
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Whiteford</i>		Town		County		MARYLAND	
Date of death	1906	Month	Oct	Day	18	Age	Years
Sex <i>Male</i>		Color or Race		<i>White</i>		Birthplace	
Occupation				Where Residing if not at place of death		<i>Whiteford</i>	
Married Single		Name of Wife or Husband					
Father's Name		<i>George Bullett</i>		Father's Birthplace		<i>Whiteford</i>	
Mother's Maiden Name		<i>Mrs. Jones</i>		Mother's Birthplace			
Name of person giving information		<i>Ed. Bullett</i>		How related to deceased		<i>Father</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastric Enteritis</i>	How long	<i>106</i> <i>one week</i>
Immediate	<i>Myocarditis</i>	How long	<i>three days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>D. W. E. Arthur</i>	
		Address	
		<i>Cardiff Md</i>	
Accident or Suicide?			



Name  
in  
Full

Thomas Burkins

## CERTIFICATE OF DEATH

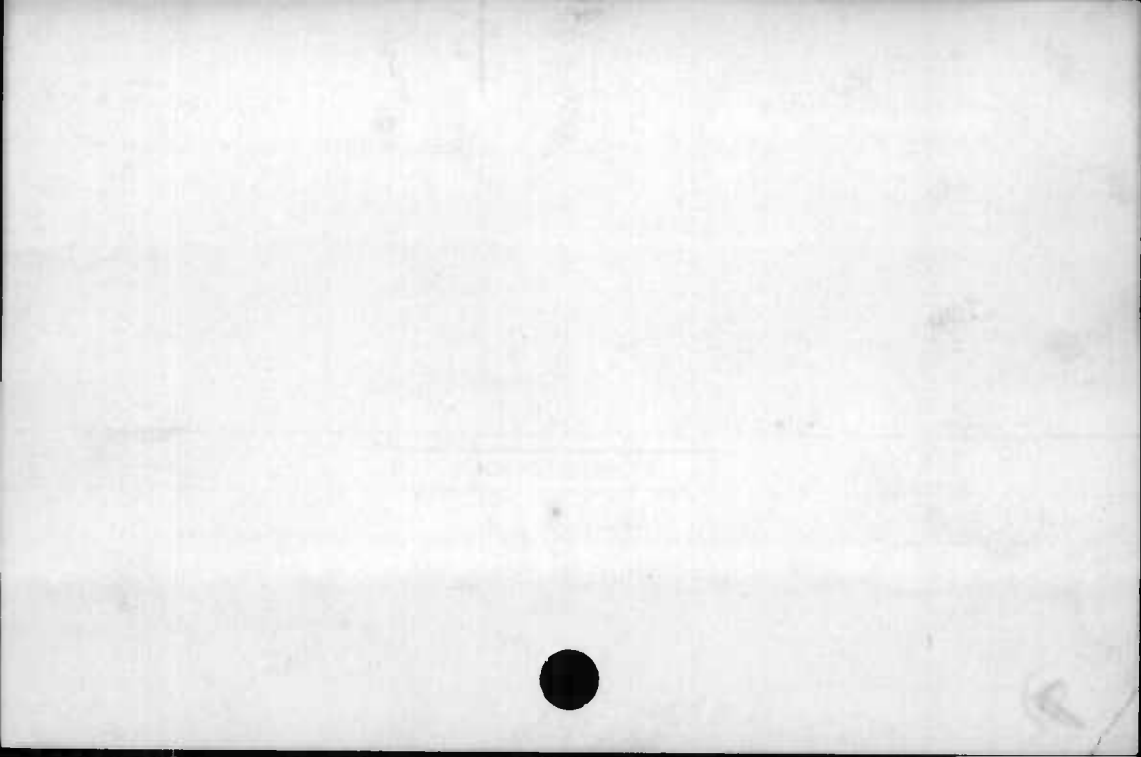
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Poole		Town		Harford		County		MARYLAND	
Date of death		1906		Month		Oct'r		Day		00	
Sex		Male		Color or Race		White		Age		67	
Occupation		Laborer		Where Residing if not at place of death				Months		Days	
Married, Single or Widowed		Single		Name of Wife or Husband				Birth-place		Maryland	
Father's Name				Father's Birthplace				Mother's Birthplace			
Mother's Maiden Name				How related to deceased		not at all					
Name of person giving information		Edw & R Thompson									

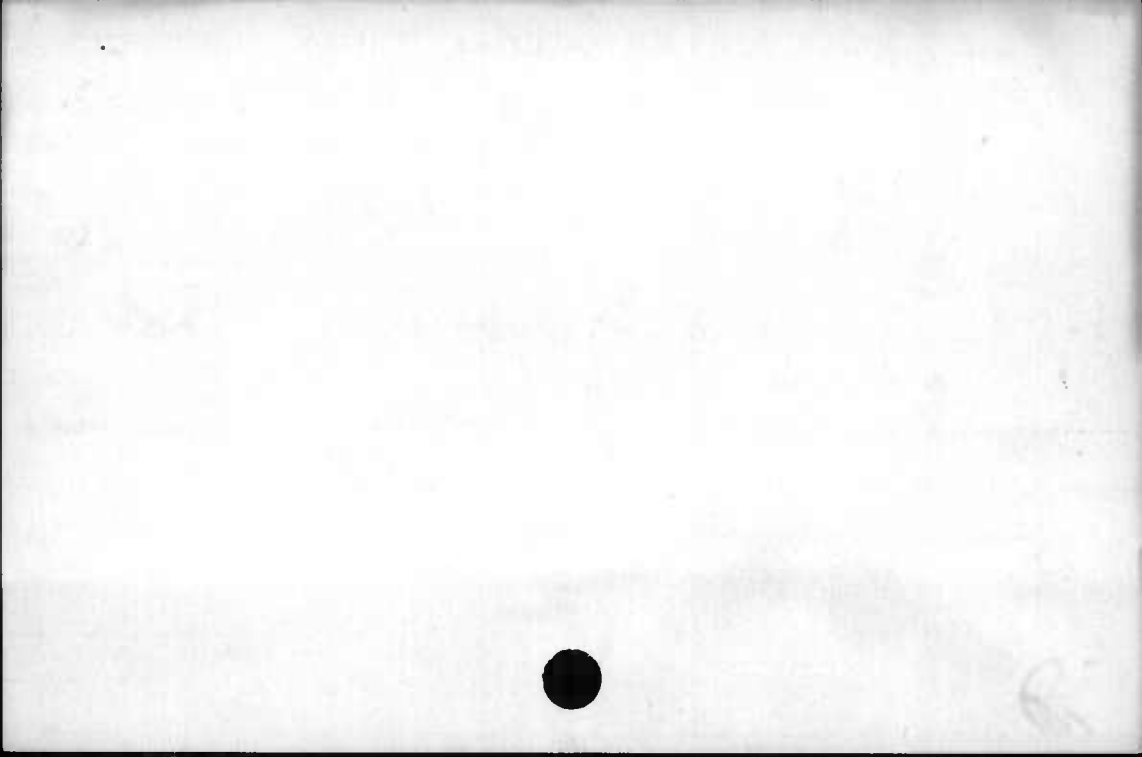
## CAUSES OF DEATH

Primary	asthma & Tuberculosis	How long	Several years
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Ephraim Hopkins MD	
Address		Darlington Md	
Accident or Suicide?			

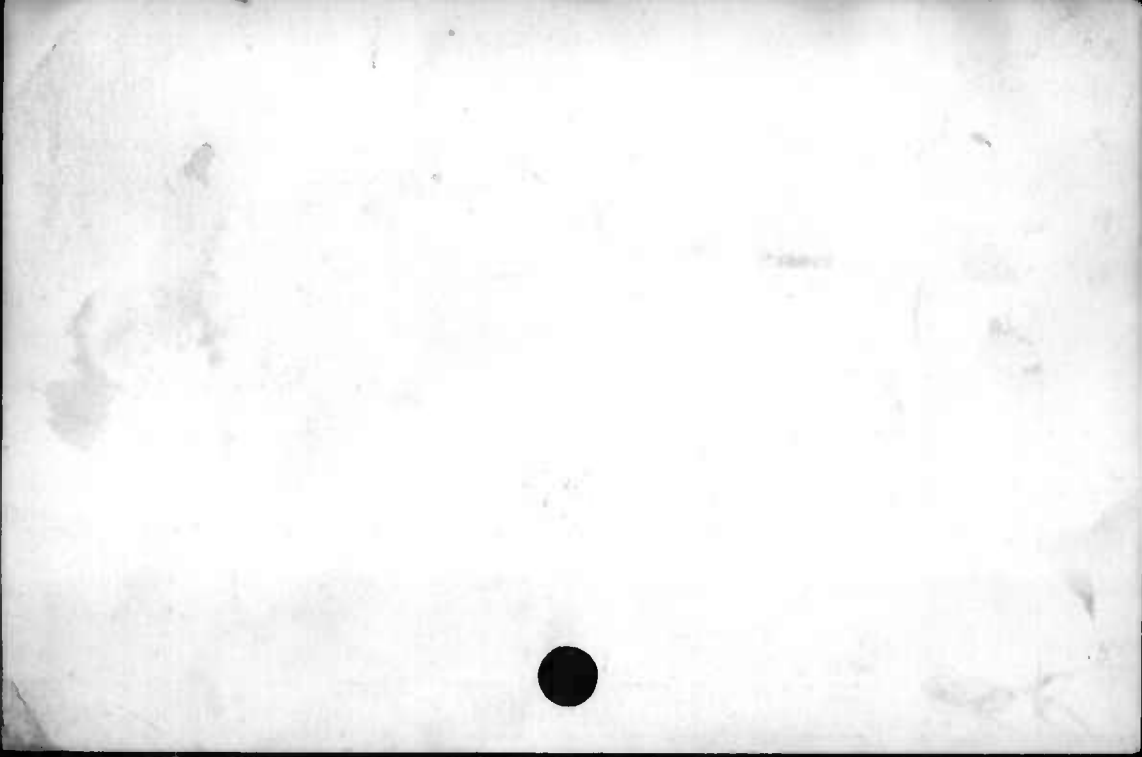
PHYSICIAN  
OR CORONER



Name in Full		John Thomas Cathcart				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Madison				Harford		
	Date of death	1906	Month	Oct	Day	28	Age
					Years		69
					Months		Days
	Sex	Male		Color or Race	White		Birth-place
							Madison
Occupation		Former		Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband		Mary Amanda Cathcart	
Father's Name		Joseph Cathcart				Father's Birthplace	Normville
Mother's Maiden Name		Beth Tracy				Mother's Birthplace	Madison
Name of person giving information		Bessie Cathcart				How related to deceased	Sister
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia			How long	
	Immediate					How long	
						4 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
				F. J. Lunn			
				Address			
				White Hall			
				Md.			
Accident or Suicide?							



Name in Full		Boscoe A. Cooper				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Churchville		Harford		MARYLAND	
	Date of death	1906	Oct	17	Age	21	Months Days
	Sex	Male		Color or Race	Black	Birth-place	Ind.
	Occupation	Laborer		Where Residing if not at place of death		Churchville	
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Name	Edward F. Cooper				Father's Birthplace	Ind.
	Mother's Maiden Name	Luzie Boyce				Mother's Birthplace	Ind.
Name of person giving information	Edward F. Cooper				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pulmonary tuberculosis				How long	About 1 year
	Immediate	Hemorrhage				How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
	Accident or Suicide?		No		Creswell md		





Nathan Dean

Died at <sup>Town</sup> Bel Air <sup>County</sup> Harford MARYLAND

Date 1906 Oct 17 Age 81 Y. M. ☒ Native of Bel Air Occupation Undertaker

Male ☒ White ☒ Married ☒ Widow ☐ Divorced ☐ Number of children living 5

Female ☐ Colored ☐ Single ☐ Widower ☐

Husband of Rachel Leah Dean

Wife of Nathan Dean

Father's Name Nathan Dean Mother's Maiden Name Jervis Nancy

Cause of Death { Primary Cerebral Thrombosis

Immediate Exhaustion

How long sick 3 mo

Accident, Suicide, Homicide

Reported by Robert S. Page M.D.

Address Bel Air

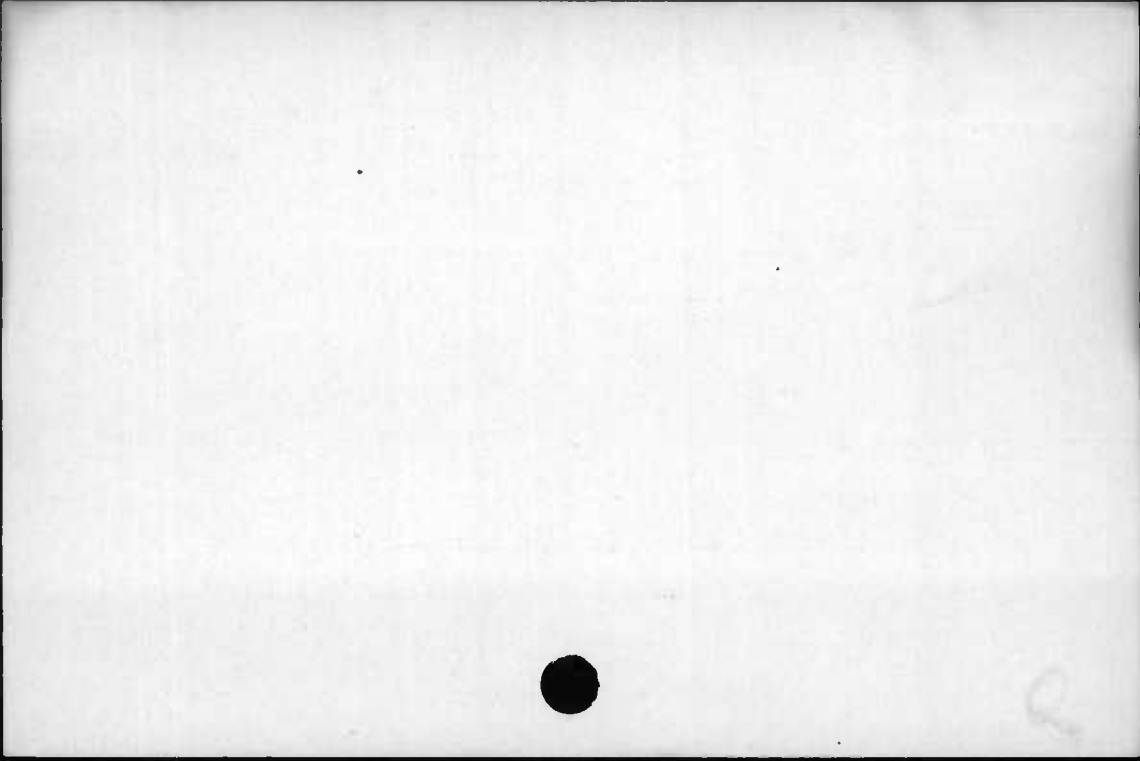
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <b>Thos. Paul Lewis Englehart</b>		CERTIFICATE OF DEATH	
Died at <b>Valent Park</b> <small>Town</small>		<b>Harford</b> <small>County</small>	
Date of death <b>1906</b> <small>Month</small> <b>Oct</b> <small>Day</small> <b>22</b> <small>Years</small> <b>4</b>		<b>MARYLAND</b> <small>Months</small> <b>—</b> <small>Days</small> <b>—</b>	
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Baltimore</b>	
Occupation <b>—</b>		Where Residing If not at place of death <b>—</b>	
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>—</b>		
Father's Name <b>Lewis Englehart</b>	Father's Birthplace <b>Baltimore</b>		
Mother's Maiden Name <b>Minnie Albert</b>	Mother's Birthplace <b>"</b>		
Name of person giving information <b>Minnie Filutka</b>	How related to deceased <b>Mother</b>		
<b>CAUSES OF DEATH</b>			
Primary <b>Broncha Croup</b>	How long <b>5 days</b>		
Immediate <b>Asphyxia</b>	How long <b>—</b>		
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Chas. H. Kriete</b>		
	Address <b>Alburtus Md</b>		
Accident or Suicide? <b>—</b>			



Name  
in  
Full

*Lueni G. Johnson*

CERTIFICATE OF DEATH

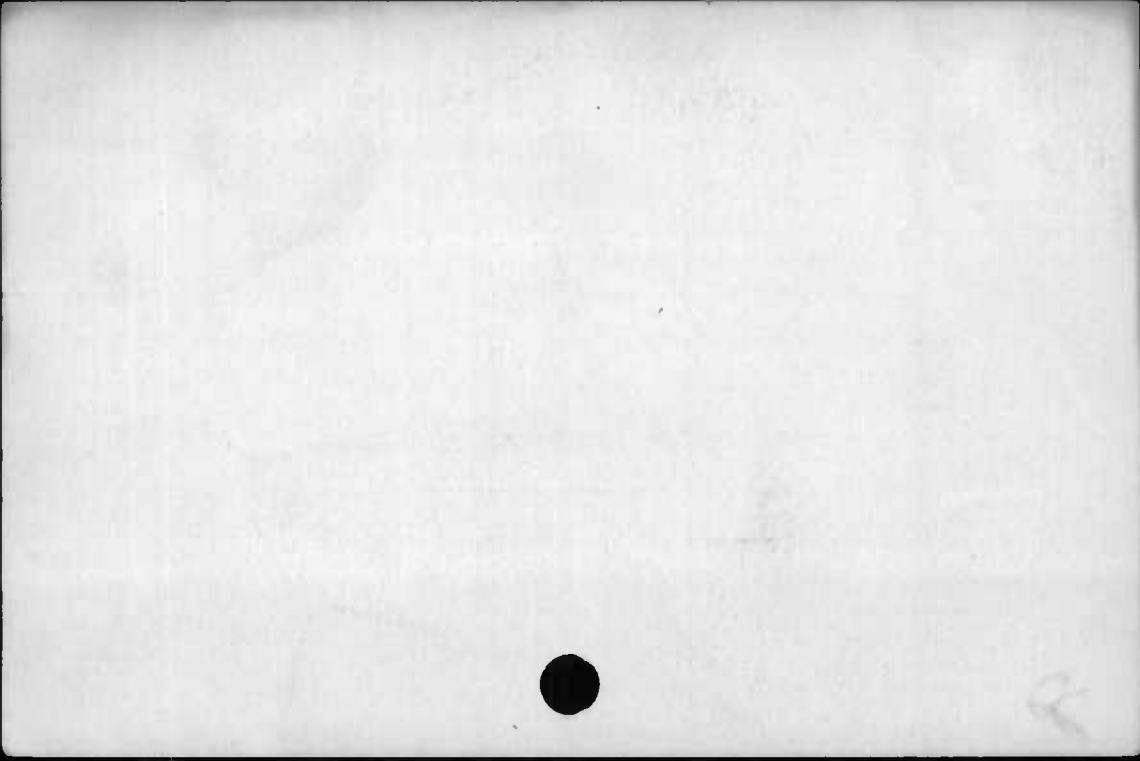
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prospect</i>		County <i>Harford.</i>		MARYLAND	
Date of death	1906	Month	<i>Oct</i>	Day	<i>16</i>
Age		Years		Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Harford Co. Md</i>	
Occupation <i>House wife</i>		Where Residing If not at place of death			
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband <i>Lueni G. Johnson</i>			
Father's Name <i>Marlin Thomas</i>		Father's Birthplace <i>Lanvale Co Pa</i>			
Mother's Maiden Name <i>Pyle</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>M. Johnson</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral Embolus</i>	How long	<i>106</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>P. Warren Ramsey</i>	
		Address <i>Della York Pa</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town <i>Aberdeen</i>		County <i>Harford</i>			
Date of death		1906	Month <i>Oct</i>	Day <i>16</i>	Age <i>63</i>	Years <i>11</i>	Months <i>16</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Maryland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Aberdeen</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jennie</i>					
Father's Name <i>William Lollin</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Emily Bailey</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving In formation <i>H. L. Lollin</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

Primary	<i>Central Hemorrhage</i>	How long	<i>Recent</i>
	<i>Paralysis</i>	How long	<i>12 hours</i>

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*A. Kennedy*

Address

*Aberdeen Md*

Accident or Suicide?

Smith's



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Sizzie Mitchel

Died Cardiff <sup>Town</sup> Harford <sup>County</sup> **MARYLAND**

Date of death 1906 <sup>Month</sup> Oct <sup>Day</sup> 31 <sup>Years</sup> 16 <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race White Birth-place Ind

Occupation Servant Where Residing if not at place of death —

Married, Single or Widowed Name of Wife or Husband —

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

E. R. Sloyer

How related to deceased

No. Relative

## CAUSES OF DEATH

Primary

Intestinal Obstruction

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D. W. E. Arthur  
Cardiff Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

Int-Neto

Nov. 2 - 06

Name  
In  
Full

## CERTIFICATE OF DEATH

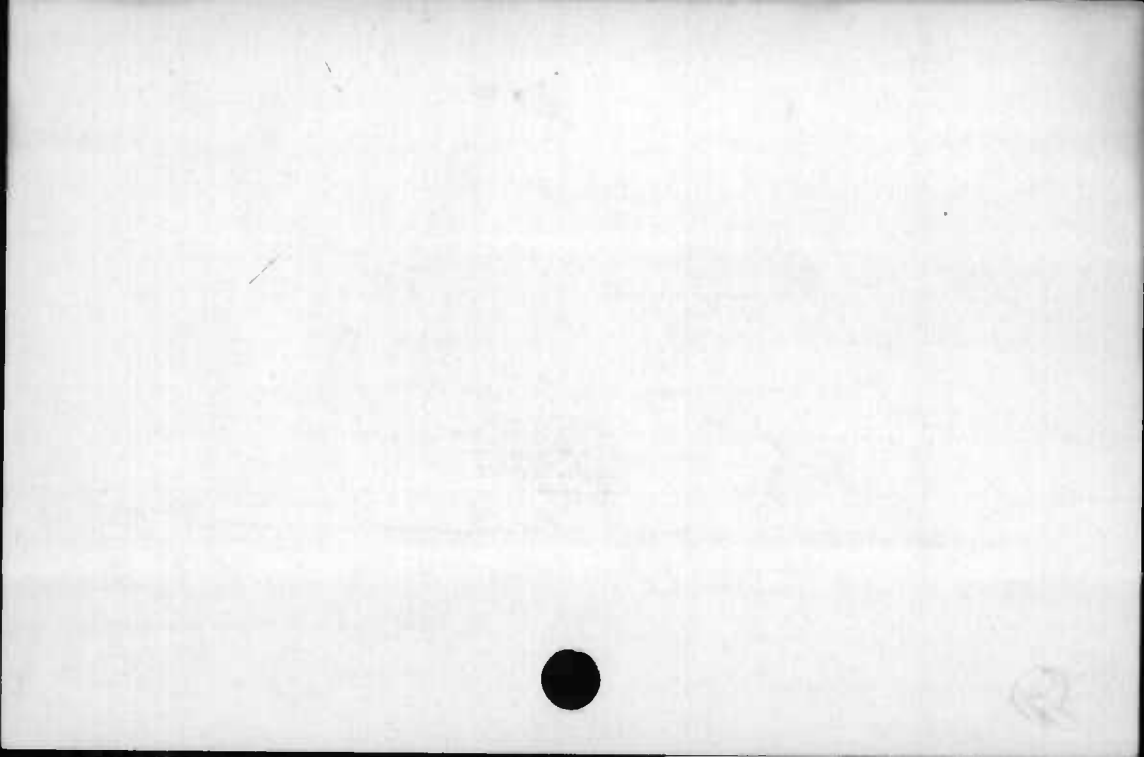
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Abudum</i> <sup>Town</sup>		<i>Rigley</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Och	Day	30
Sex	male	Color or Race	Black	Age	Years <u>      </u> Months <u>      </u> Days <u>8</u>
Occupation	<u>      </u>		Where Residing if not at place of death <u>      </u>		
Married, Single or Widowed	Single	Name of Wife or Husband <u>      </u>			
Father's Name	Lewis Rigley			Father's Birthplace	Hayford Co.
Mother's Maiden Name	Vergie Gibson			Mother's Birthplace	Hayford Co
Name of person giving information	Vergie Rigley			How related to deceased	Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Aspartate Convulsions</i>	How long	<i>24 hours</i>
Immediate	<input checked="" type="checkbox"/>	How long	<input checked="" type="checkbox"/>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. B. Kennedy</i>
		Address	<i>Abudum, Md</i>
Accident or Suicide?	<input checked="" type="checkbox"/>		



Name  
in  
Full

Anna. Roberts

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ludwig</i>		Town		County <i>Harford Md.</i>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct</i>	Day	<i>13</i>	Age	<i>77</i>
Sex	<i>Female</i>		Color or Race			Birth-place	<i>Wales</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death		<i>Ludwig</i>		
Married, <del>Single</del> or Widowed			Name of Wife or <del>Husband</del>	<i>Anna. Roberts</i>			
Father's Name	<i>Evan J. Evans</i>					Father's Birthplace	<i>Wales</i>
Mother's Maiden Name						Mother's Birthplace	<i>Wales</i>
Name of person giving information	<i>David D. Roberts</i>					How related to deceased	<i>Husband.</i>

## CAUSES OF DEATH

Primary

*Canary Struck*

How long

*Two years*

How long

Immediate

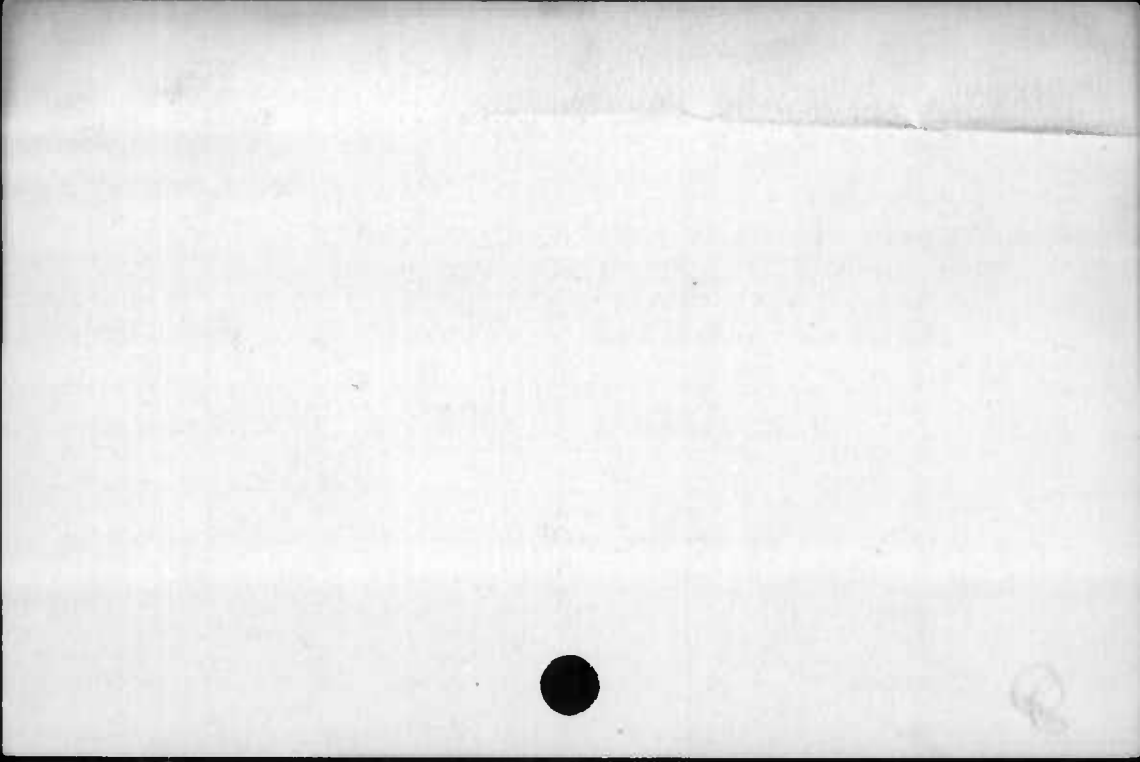
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*D. W. C. Arthur*  
*Harford Md*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

Nancy Streett Rutledge

Died at <sup>Town</sup> near Madonna <sup>County</sup> Harford

MARYLAND

Date of death 1906 <sup>Month</sup> Oct <sup>Day</sup> 25 <sup>Year</sup> 1 AM Age 6 <sup>Months</sup> 1 <sup>Days</sup> 16

Sex Female Color or Race White Birth-place Harford Co Md

Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name William S Rutledge Father's Birthplace Maryland

Mother's Maiden Name Mary H Bevard Mother's Birthplace "

Name of person giving information W S Rutledge How related to deceased Father

## CAUSES OF DEATH

Primary Diphtheria How long 6 days  
Immediate Paralysis How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? yes

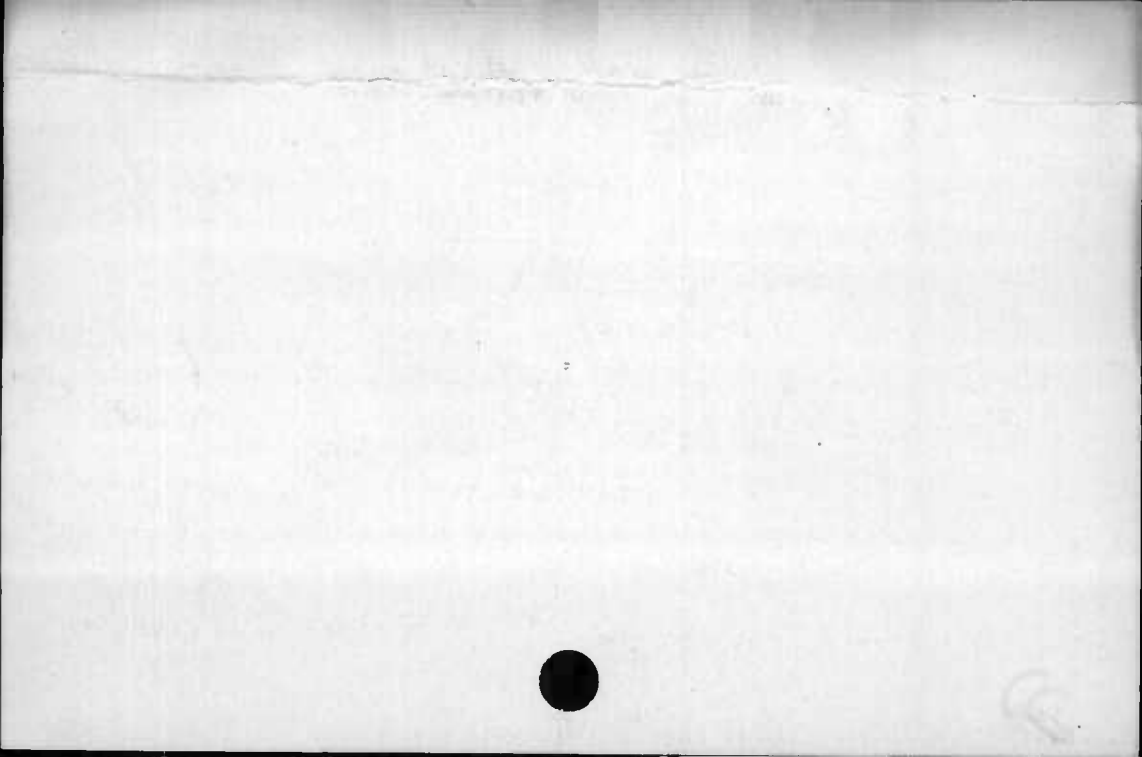
Signature of Physician H. F. Bradley  
Address Jarrettsville Md

Accident or Suicide?

Burial at Bethel Church near Madona



Name in Full		CERTIFICATE OF DEATH			
Samuel G. Scarff -		Pleasantville		Harford County	
Died at		TOWN		MARYLAND	
Date	Month	Day	Age	Months	Days
of death	1906	Oct -	24	90	7 11
Sex	Male	Color or Race	White -	Birth- place	Maryland
Occupation	Farmer		Where Residing if not at place of death Maryland		
Married, Single or Widowed	Widower		Name of Wife or Husband Hannah Scarff		
Father's Name	John Scarff.		Father's Birthplace Maryland		
Mother's Maiden Name	Martha Garrison		Mother's Birthplace Maryland		
Name of person giving In formation	Philip G. Scarff		How related to deceased Son		
CAUSES OF DEATH					
Primary	Old Age		How long		failing 1 Month
Immediate	Heart failure		How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
			Address		
			Geo. W. Davis M. D.		
			Pleasantville Md		
			Per H. G. Walker		
Accident or Suicide?					



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full <i>Alice Frederica Schanz</i>		CERTIFICATE OF DEATH	
Died at <i>Carsin's</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>	
Date of death <i>1906 Oct. 19</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>John Geo. Schanz</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Frederica Reutter</i>		Mother's Birthplace <i>Germany</i>	
Name of person giving information <i>John Geo. Schanz</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
Primary <i>Pneumonitis</i>		How long <i>Five days.</i>	
Immediate <i>Exhaustion</i>		How long <i>one day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Wm. H. White</i>	
<i>8</i> Accident or Suicide? <i>—</i>		Address <i>Abbeville, Mo.</i>	



Name  
In Full

Catharine Schuster

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Garrettsville</i> <sup>Town</sup>		<i>Harford</i> <sup>County</sup>			
Date of death	<i>1906 Oct</i>	Day	<i>23</i>	Age	<i>83</i>
	<i>Oct</i>	Month		Years	
			<i>9 AM</i>		
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace	<i>Germany</i>
Occupation	<i>Housekeeping</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>John Schuster</i>		
Father's Name	<i>John Helm</i>		Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Not known</i>		Mother's Birthplace	<i>" "</i>	
Name of person giving information	<i>John P Schuster</i>		How related to deceased	<i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Old age, general debility</i>	How long	<i>—</i>
Immediate	<i>Heart failure</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. H. McNew</i>		
	Address <i>Garrettsville</i>		
	<i>Mo</i>		
Accident or Suicide?			

Salem EV Lincoln  
near Fayetteville

Name  
in  
Full

Infant Christ R. Hugh R. Thomas

CERTIFICATE OF DEATH

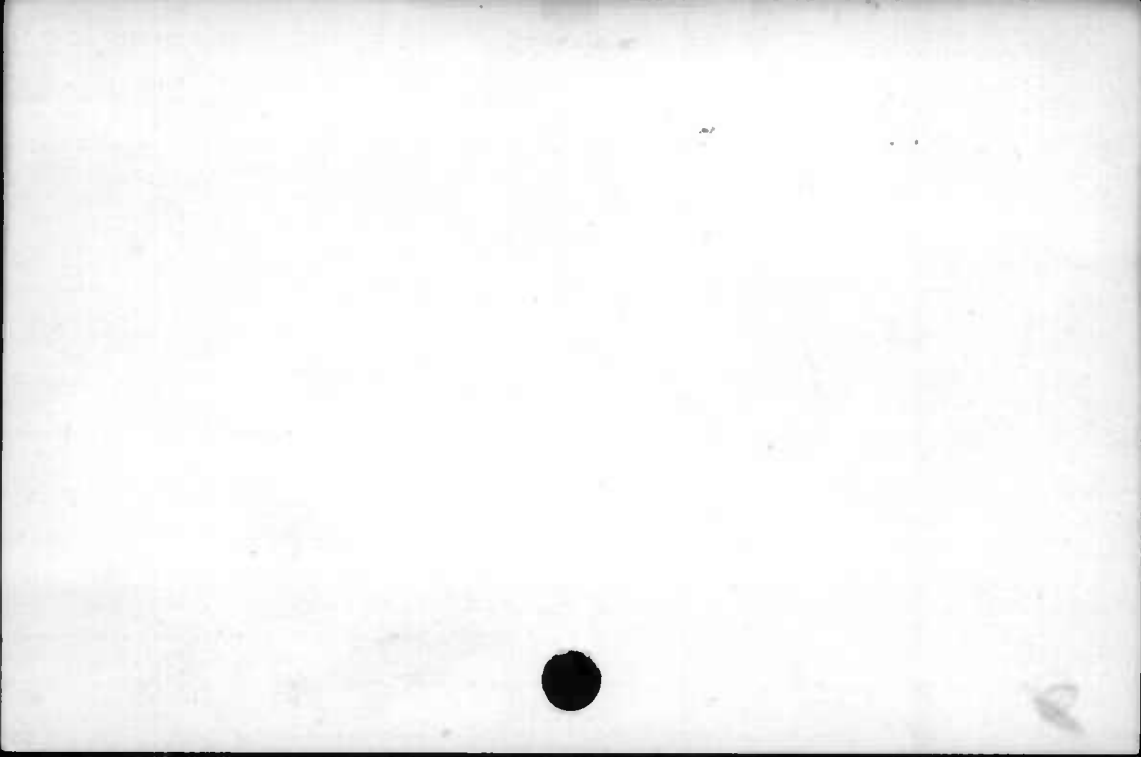
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fatwig, Md.</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>1</i>	Age	Years	Months	Days <i>13</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Fatwig</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Hugh R Thomas</i>				Father's Birthplace <i>Wales</i>			
Mother's Maiden Name <i>Elizabeth Jones</i>				Mother's Birthplace <i>Danfor Pa.</i>			
Name of person giving information <i>A. L. Morris</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Organic Heart Trouble</i>	How long <i>From Birth</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. M. Carter</i>
	Address <i>Delta, Pa.</i>
Accident or Suicide? <i>_____</i>	





Name  
in  
Full

Mary Miller Thompson

## CERTIFICATE OF DEATH

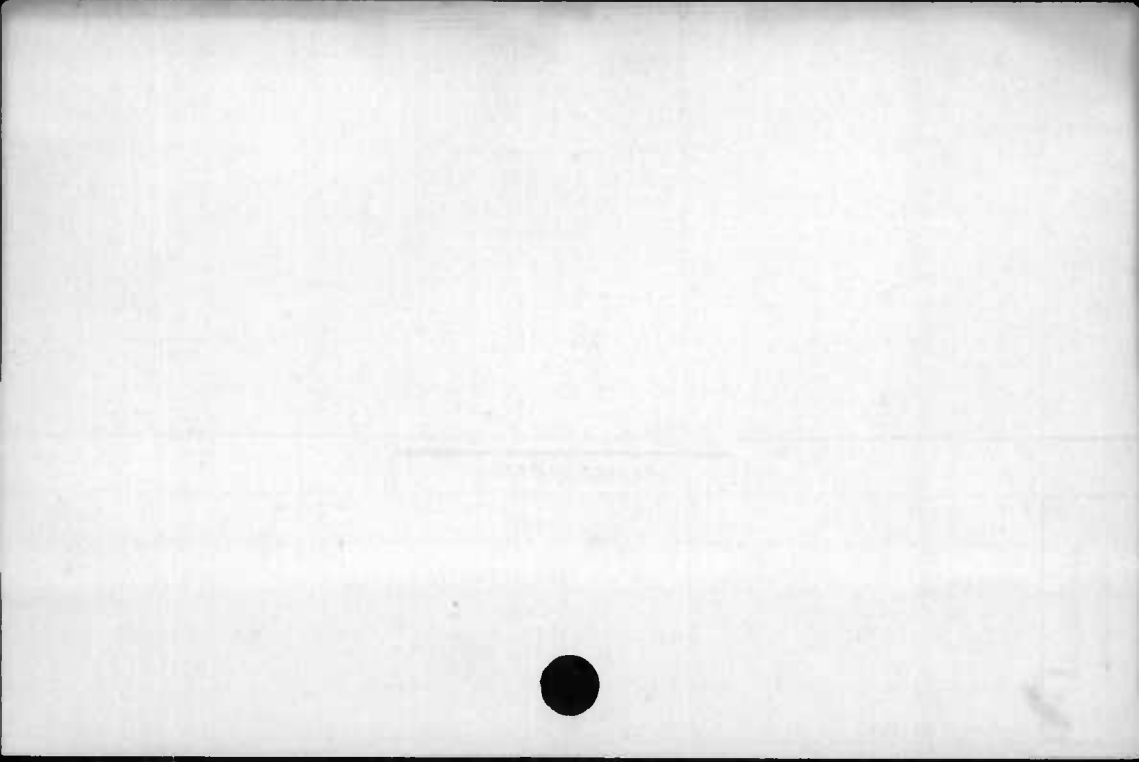
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bartington		County Harford		MARYLAND	
Date of death		1906	Month 10 <sup>th</sup>	Day 24	Age 3	Years 7	Months 16
Sex		Female		Color or Race		White	
Occupation		Child		Birth-place		Maryland	
Where Residing if not at place of death		—					
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		W <sup>m</sup> J Thompson				Father's Birthplace Maryland	
Mother's Maiden Name		Edith A. Jones				Mother's Birthplace	
Name of person giving information		W <sup>m</sup> J Thompson				How related to deceased Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Meningitis	How long	Two weeks
Immediate	Convulsion	How long	One hour
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician W B Kirk M D	
		Address Bartington Md	
Accident or Suicide?			



Name in Full *Ellen Barnes Treachway*

CERTIFICATE OF DEATH

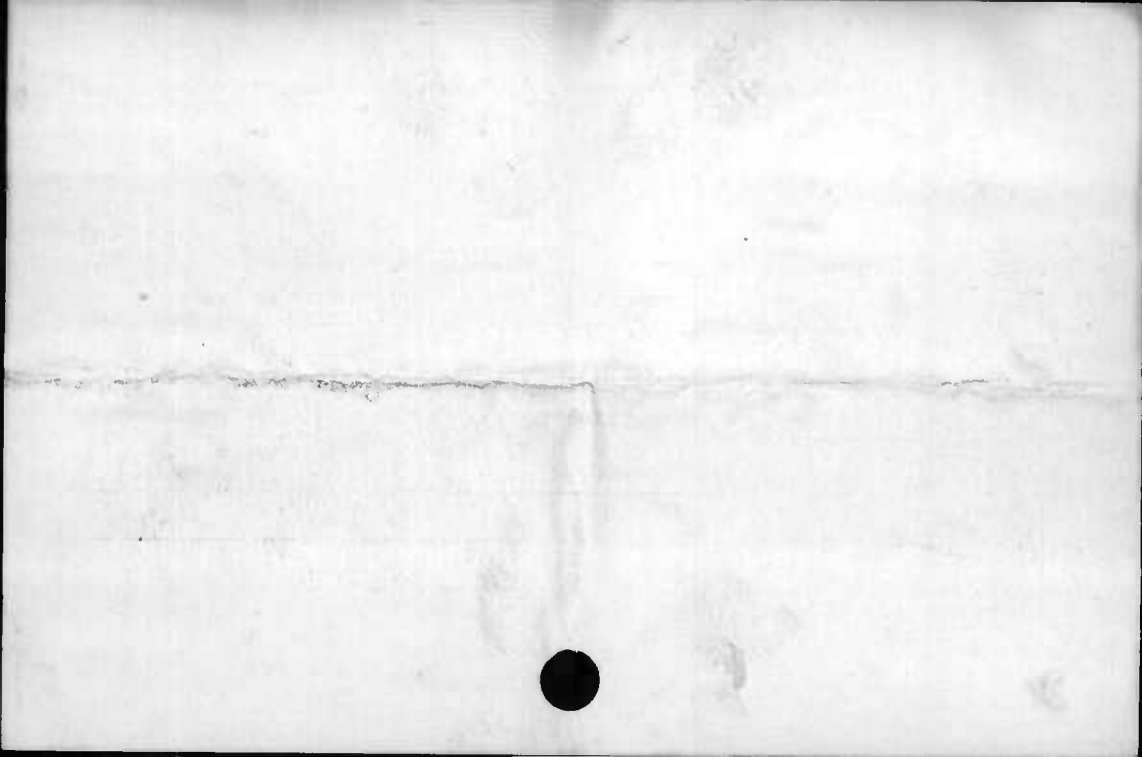
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Havenside Grace</i> <sup>near</sup> <i>Havenside</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Oct</i>	Day <i>3</i>	Age <i>47</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Robertwood</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Havenside Grace</i>		
Married Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Aquila Treachway</i>			Father's Birthplace <i>Hopman Chapel</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Bavaria</i>		
Name of person giving information <i>Ellen Treachway</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cancer of Stomach</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R W Smith</i>
	Address <i>Waverly de Bruce Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town *Harrods Creek* County *Harford*

MARYLAND

Date

of death *1906*Month *10*Day *26*

Age

Years

Months *6*

Days

Sex

*Female*Color or  
Race*White*Birth-  
place*Harrods Creek*

Occupation

*—*Where Residing if not  
at place of death*—*Married, Single  
or Widowed*—*Name of Wife or  
Husband*—*Father's  
Name*William Wilson*Father's  
Birthplace*Harford Co.*Mother's  
Maiden Name*Carrie Hamby*Mother's  
Birthplace*Harrods Creek*Name of person giving  
information*W. M. Wilson*How related  
to deceased*Father*

## CAUSES OF DEATH

*971*

Primary

*Broncho Pneumonia*

How long

*about 2 weeks*

Immediate

*Convulsions*

How long

*6 hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*R. M. Smith M.D.*

Address

*Harrods Creek*  
*Med*

Accident or Suicide?

PHYSICIAN  
OR CORONER

W. H. Allen

Name  
in  
Full

Ezekiel Worthington

## CERTIFICATE OF DEATH

Town

County

Died *New Abundance**Harford*

MARYLAND

Date  
of death *1906 Oct.*Day  
*5*Age  
*68*

Months

Days

Sex  
*Male*Color or  
Race  
*Colored*Birth-  
place  
*Pa.*Occupation  
*old sal.*Where Residing if not  
at place of deathMarried, Single  
or Widowed  
*Widowed*Name of Wife or  
Husband*Sarah Wilma*Father's  
Name  
*Ezekiel Worthington*Father's  
Birthplace  
*Pa*Mother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formation  
*Emma Sutton*How related  
to deceased  
*Niece*

## CAUSES OF DEATH

Primary  
*Nephritis*  
*Exhaustion**120*How long  
*3 yrs.*

How long

Are the name, age, sex, color, date  
and place correctly given above?  
*Yes*Signature of  
Physician*Chas. H. White*  
*Abundance, Md.*

Address

Accident or Suicide?

*—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

